PAGE 1 / 25

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	ionzeu Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Monstah Pac			
<u> </u>			
ADDRESS (number and street)	2588 El Camino Real		
▼	Suite F #139		
Check if different than previously reported. (ACC)	Carlsbad		CA 92008 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y▲	STATE ▲ ZIP CODE ▲
C C00529107		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (	O2) PRE-Election	Primary (12P)	x General (12G) Runoff (12R)
October 15 Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	Floation	n on 11 08	in the State of CA
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		n on	in the State of
5. Covering Period 1	0 01 2016	through 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined t	his Report and to the best of Eisenstein, David, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	nstein, David, , ,	[Electronically Filed]	Date 10 / 21 / 2016
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Monstah Pac 10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 650.80 January 1, 2016 (b) Cash on Hand at 111.73 Beginning of Reporting Period..... 50000.00 61512.39 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 62163.19 50111.73 6(a) and 6(c) for Column B)..... 14567.00 26618.46 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 35544.73 35544.73 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 115900.72 Schedule C and/or Schedule D) .....

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

For further information contact:

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

N/	on	eta	h	Pa	^
IVI	( )!		4 I I		( :

Report Covering the Period: From: 10 01 2016 To: 10 19 2016						
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
· /						
(i) Itemized (use Schedule A)	50000.00	51300.00				
(ii) Unitemized(iii) TOTAL (add	0.00	40.32				
Lines 11(a)(i) and (ii)	50000.00	51340.32				
` '	0.00	0.00				
(such as PACs)	0.00	0.00				
11(a)(iii), (b), and (c)) (Carry	50000.00	51340.32				
Transfers From Affiliated/Other	0.00	0.00				
	0.00	10172.07				
All Edding Hodelved	4 4	4 4				
	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
	0.00	0.00				
(Dividends, Interest, etc.)	0.00	0.00				
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other    Than Political Committees    (i) Itemized (use Schedule A)	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
<ol> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul> </li> </ol>		Calonida Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	2576.99	11831.46		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))	2576.99	11831.46		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	9512.00	12308.99		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) use Schedule F)	0.00			
(use scriedule r)	0.00	0.00		
Loan Repayments Made	2478.01	2478.01		
Loans Made	0.00	0.00		
	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
	4 4	45 45		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	)) 			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
, ,	9 9	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14567.00	26640.46		
Total Federal Disbursements	14567.00	26618.46		
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	14567.00	26618.46		

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 50000.00 51340.32 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 51340.32 50000.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 2576.99 11831.46 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 2576.99 11831.46 (subtract Line 37 from Line 36) ......

#### SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF	25	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Monstah Pac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kaempfer, Joseph, W.,, Date of Receipt Mailing Address 6400 Georgetown Pike 2016 10 07 City Zip Code State Transaction ID: SA11AI.4544 VA McLean 22101-2210 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McArthurGlen Group Executive contribution-wire transfer Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50000.00 SUBTOTAL of Receipts This Page (optional)..... 50000.00 TOTAL This Period (last page this line number only).....

#### ľ

ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Monstah Pac				
Full Name (Last, First, Middle Initial)  A. Adout International				Date of Disbursement
Mailing Address 13501 Shawnee Mission Parkway				10 18 2016
Shawnee Mission	State KS	Zip Code 66216		FEC Identification Number
Purpose of Disbursement recruiting expense  Candidate Name			001 Category/	C C00529107  Transaction ID : SB21B.4560  Amount of Each Disbursement this Period
Senate	nent For: 2 Primary Other (spec	<b>✗</b> General	Туре	520.00 Memo Item
Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address Box 0001		Date of Disbursement  10 07 7 2016		
Los Angeles Purpose of Disbursement credit card payment  Candidate Name  Monstah Pac  Office Sought: House Disbursen Senate	nent For: 2 Primary Other (spec	<b>✗</b> General	004 Category/ Type	FEC Identification Number  C C00529107  Transaction ID: SB21B.4550  Amount of Each Disbursement this Period  10035.00  Memo Item
Full Name (Last, First, Middle Initial)  C. Chase Bank  Mailing Address PO Box 659754				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Antonio Purpose of Disbursement bank charges Candidate Name Monstah Pac	State Zip Code TX 78265  001  Category/ Type			FEC Identification Number  C C00529107  Transaction ID : SB21B.4551  Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: 2 Primary Other (spec	<b>✗</b> General	Туро	27.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				547.00

#### 17

SCHEDULE B (FEC Form 3X)	11		FOR LINE NUMBER: PAGE 8					OF	25	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check		one)			00		
	Detailed Summary Page			21b 28a	22 23 28c 28c			26 27 29 30b		
Any information copied from such Departs and Chite-	onte mai:	not be sold or								
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
Monstah Pac										
/										
Full Name (Last, First, Middle Initial)					Date of D	Nichurcor	nont			
A. Godaddy.com					M M				V V	
Mailing Address 480-5058865 AZ	Mailing Address 480-5058865 AZ					17		2016		
City	tate	Zip Code				tification	Numbon			
Phoenix	AZ	'			FEC Ider	itilication	Number		-	
Purpose of Disbursement internet	Purpose of Disbursement					0052910	7			
Candidate Name			001	4   1		saction I	_			
Monstah Pac			Category/ Type	/   _ /	Amount o	t Each L	Disburser	ment th	is Per	lod
	ent For:	 2016	.,,,,						9.99	
Senate	Primary	<b>✗</b> General			7 7			_		
	Other (spe	cify) 🔻			Mem	o Item				
State: District:										
Full Name (Last, First, Middle Initial)  B. Law Offices of David G. Fisenstein	D.C				Date of D	)ishurser	nent			
B. Law Offices of David G. Eisenstein	, F.C.				M - M	/ D		Y	V V	
Mailing Address 2111 S El Camino Real					10	14		2016		
Suite 202										
,	tate CA	Zip Code 92054			FEC Ider	tification	Number			
Purpose of Disbursement		92054		_ [	C c	0052910	7		7	
share of overhead expense			001	111		saction I		D AEEC		
Candidate Name			Category/	/ /	Amount o					riod
Monstah Pac			Type							$\neg$
Office Sought: House Disburser Senate						7	-	200	00.00	
	Primary Other (spe	∠ General cify)			-					
State: District:	011.01 (000	c,,			Mem	o Item				
Full Name (Last, First, Middle Initial)										
C.					Date of D	Disburser	nent			
				_	M M	/ D = 1	) / Y	Y	Y Y	1
Mailing Address						-			-	
City	tate	Zip Code		1	FEC Ider	itification	Number			
Purpose of Disbursement				_   [					7	
,					C .					
Candidate Name			Category/	,	Amount o	of Each [	Disburser	ment th	is Per	riod
			Type					-	-	
Office Sought: House Disbursem		0				7			Apr	
	Primary Other (spe	General			-					
State: District:	oniei (spe	City) ▼			Mem	o Item				
2.00							-	-	_	_
SUBTOTAL of Disbursements This Page (optional)						45		20	09.99	. 1
0 (, 1 4)				_	<del></del>	7		-		=
TOTAL This Period (last page this line number only).								25	56.99	

	MIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE N (check only 21b 28a		
	information copied from such Reports and Staten r commercial purposes, other than using the name					
N	AME OF COMMITTEE (In Full)  Monstah Pac	io una adar	occ or any pointed.		CONTRACTOR OF THE CONTRACTOR	
Full Name (Last, First, Middle Initial)  A: Eisenstein, David, , ,  Mailing Address 2588 El Camino Real F 139					Date of Disbursement  10	
C Pi	arlsbad urpose of Disbursement oartial loan repayment andidate Name	State CA	Zip Code 92008	009 Category/	FEC Identification Number  C C00529107  Transaction ID : SB26.4566  Amount of Each Disbursement this Period	
O Si	Senate President District:	Disbursement For: 2016  Primary				
Full Name (Last, First, Middle Initial)  B.  Mailing Address					Date of Disbursement	
	urpose of Disbursement	State	Zip Code		FEC Identification Number	
Candidate Name  Category  Office Sought:  House  Senate  President  President  Other (specify)  State:  Disbursement For:  Primary  Other (specify)					Amount of Each Disbursement this Period  Memo Item	
C. _	Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address					
	urpose of Disbursement	State	Zip Code		FEC Identification Number	
Candidate Name  Category/ Type  Office Sought: House Disbursement For:					Amount of Each Disbursement this Period	
Si	Senate President District:	Primary Other (spec	☐ General		Memo Item	
SUE	SUBTOTAL of Disbursements This Page (optional)					
тот	TOTAL This Period (last page this line number only)					

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB26 Transaction ID: SB26.4566

Paid American Express \$10,035.00 to pay down credit card for the \$9,112.00 pd to iHeart Media, and the balance of \$888 went toward payment of amounts incurred in the third quarter for a portion of the amounts paid to Facebook, and an additional \$35.00 went to pay the fees and interest owed on the American Express card.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page   FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4301			
Monstah Pac					
LOAN SOURCE Full Name (Last, First, Eisenstein, David, , ,	Middle Initial)	N			
Mailing Address 2588 El Camino Real		Other (specify) ▼			
F 139					
City	State ZIP	Code			
Carlsbad	CA 92	2008			
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Period			
17136.53	1	2600.00 14536.53			
TERMS	5 . 5				
Date Incurred  M 12  M 12  D 31  D 31  Y 2014	Date Di	ve Interest Rate Secured:  On Ďemand 5.00 % (apr) Yes X N			
List All Endorsers or Guarantors (if any	/) to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line	only)	······································			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 25
FOR LINE 13 OF FORM 3X

	TOTT LINE 15 OF TOTHWISK	
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4208
LOAN SOURCE Full Name (Last, First, Eisenstein, David, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 2588 El Camino Real F 139		Other (specify) ▼
City	State	ZIP Code
Carlsbad	CA	92008
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20411.78		0.00 20411.78
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 06	M = M / D = D	On Demand 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D for this	line If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	13	OF	25
FOR	LINIE	12 05	FORM AV

		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4335
Monstah Pac		
LOAN SOURCE Full Name (Last, First, Eisenstein, David, , ,	Middle Initial)	N
Mailing Address 2588 El Camino Real		Other (specify) ▼
F 139		
City	State	ZIP Code
Carlsbad	CA	92008
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
9250.00		2478.01 6771.99
TERMS		
Date Incurred  M 12  M 2015	Da	te Due Interest Rate Secured:  On Demand 5.00 % (apr) Yes No
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	•	, 0771.39
TOTALS This Period (last page in this line		
Carry outstanding balance only to LINE 3	Schedule D. for this	line If no Schedule D. carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)  Monstah Pac	Transaction ID : SC/10.4485				
LOAN SOURCE Full Name (Last, First, M Eisenstein, David, , ,	N				
Mailing Address 2588 El Camino Real		U Other (specify) ▼			
F 139	Otata	7/0.0.4			
City	State	ZIP Code			
Carlsbad	CA	92008			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
1933.35		0.00 1933.35			
TERMS Date Incurred	Da	ate Due Interest Rate Secured:			
M 03 / 29 / Y 2016	M = M / D = D	Due on Demand 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
Corry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					
Carry outstanging palance only to LINE 3. Sc	nequie v. for this	line. It no schedule D. carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page   FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4443			
LOAN SOURCE Full Name (Last, First, Mic Eisenstein, David, , ,	N				
Mailing Address 2588 El Camino Real		Other (specify) ▼			
F 139					
City	State	ZIP Code			
Carlsbad	CA	92008			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
1622.00	7	0.00			
TERMS  Date Incurred	Da	te Due Interest Rate Secured:			
M 06	M M / D D	on demand 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to	o Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
Corry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					
carry outstanding balance only to LINE 3. Sch	neaule D, for this	ine. if no schedule D, carry forward to appropriate line of Summary			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4290			
LOAN SOURCE Full Name (Last, First, Mi Law Offices of David G. Eisenstein, P.C.	Memo Item Election: Primary General Other (apacity)				
Mailing Address 2111 S El Camino Real		U Other (specify) ▼			
Suite 202	State	ZIP Code			
City	State	ZIF Code			
Oceanside	CA	92054			
Original Amount of Loan	Cumulative Pay	nent To Date Balance Outstanding at Close of This Period			
2778.50		1590.00 1188.50			
TERMS  Date Incurred	Da	te Due Interest Rate Secured:			
M 06 M / D 30 D / Y 2015	M   M / D   D	On Demand 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) t	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 25

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4444			
LOAN SOURCE Full Name (Last, First, MicLaw Offices of David G. Eisenstein, P.C.	N				
Mailing Address 2111 S El Camino Real		Unter (specify) ▼			
Suite 202 City	State	ZIP Code			
Oceanside  Original Amount of Loan	CA Cumulative Pay	92054  ment To Date  Balance Outstanding at Close of This Period			
2023.95	Cumulative Fayi	0.00 2023.95			
TERMS	De	to Due Interest Date Consumed.			
Date Incurred  M 06	M M / D D	te Due Interest Rate Secured:  on demand 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) t	o Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					
Carry outstanding palance only to LINE 3. Sch	neaule D. for this	line, it no schedule D. carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 OF 25

		Detailed Summary Page   FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4503			
Monstah Pac					
LOAN SOURCE Full Name (Last, First, Mi Law Offices of David G. Eisenstein, P.C.	N ☐ Memo Item				
Mailing Address 2111 S El Camino Real		Other (specify) ▼			
Suite 202					
City	State	ZIP Code			
Oceanside	CA	92054			
Original Amount of Loan	Cumulative Paym	ent To Date Balance Outstanding at Close of This Period			
4592.77		0.00 4592.77			
TERMS  Date Incurred	 Dat	e Due Interest Rate Secured:			
M 09 / 30 / Y 2016	M = M / D = D	on demand 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		4592.77			
OTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Sc	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 19 OF

FOR LINE NUMBER:
(check only one)

9 10

NAME OF COMMITTEE (In Full)  Monstah Pac					
A. Full Name (Last, First, Middle Initial) of Debtor American Express	Nature of Debt (Purpose): Credit Card				
Mailing Address Box 0001	Mailing Address Box 0001				
City Los Angeles	State CA	Zip Code 90096			
Outstanding Balance Beginning This Period			Transaction ID : SD10.4196		
5400.68  Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period		
0.00	1 1 4	0.00	5400.68		
B. Full Name (Last, First, Middle Initial) of Debtor of American Express	or Creditor		Nature of Debt (Purpose): Credit Card		
Mailing Address Box 0001					
City Los Angeles					
Outstanding Balance Beginning This Period  2919.17  Amount Incurred This Period  0.00  Payment This Period  0.00			Transaction ID : SD10.4493		
			Outstanding Balance at Close of This Period 2919.17		
			Nature of Debt (Purpose):		
Eisenstein, David, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Eisenstein, David, , ,				
Mailing Address 2588 El Camino Real F 139					
City Carlsbad	City State Zip Code				
Outstanding Balance Beginning This Period 9000.00			Transaction ID : SD10.4198		
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
0.00	1 1 7	0.00	9000.00		
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	17319.85		
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS from Schedule C	7 7				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 20 OF
FOR LINE NUMBER:
(check only one)

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				, <u> </u>	10
	ME OF COMMITTEE (In Full) onstah Pac				
	A. Full Name (Last, First, Middle Initial) of Debtor Eisenstein, David, , ,		Nature of Debt (Purpose): Unpaid Salary		
-	Mailing Address 2588 El Camino Real				
ŀ	F 139	State	Zip Code		
-	Carlsbad	CA	92008	Transportion ID - CD40 4004	
	Outstanding Balance Beginning This Period 9000.00			Transaction ID: SD10.4334	
	Amount Incurred This Period	Pav	yment This Period	Outstanding Balance at Close of This	Period
	0.00		0.00		-
	B. Full Name (Last, First, Middle Initial) of Debtor ( Eisenstein, David, , ,	or Creditor		Nature of Debt (Purpose): Unpaid Salary	
	Mailing Address 2588 El Camino Real F 139				
	City Carlsbad	State CA	Zip Code 92008		
Outstanding Balance Beginning This Period 4500.00  Amount Incurred This Period		Pay	yment This Period	Transaction ID : SD10.4490  Outstanding Balance at Close of This  4500.0	-
				4300.0	10
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Eisenstein, David, , ,  Mailing Address 2588 El Camino Real				Nature of Debt (Purpose): unpaid salary	
-	F 139	State	Zip Code		
	Carlsbad	CA	92008		
Outstanding Balance Beginning This Period 4500.00				Transaction ID : SD10.4445	
Amount Incurred This Period Payment This Period		yment This Period	Outstanding Balance at Close of This	Period	
	0.00	<u> </u>	0.00	4500.0	00
1)	SUBTOTALS This Period This Page (optional)			18000.0	00
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	·	
4)	ADD 2) and 3) and carry forward to appropriate li	)▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 21 OF
FOR LINE NUMBER:
(check only one)

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				, lo		
	ME OF COMMITTEE (In Full) onstah Pac					
	A. Full Name (Last, First, Middle Initial) of Debtor Eisenstein, David, , ,	Nature of Debt (Purpose): unpaid salary at \$1,500 per month				
	Mailing Address 2588 El Camino Real					
	F 139					
	City Carlsbad	State CA	Zip Code 92008			
Ì	Outstanding Balance Beginning This Period		1 02000	Transaction ID : SD10.4496		
	4500.00					
	Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period		
	0.00	7	0.00	4500.00		
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):		
	Law Offices of David G. Eisenstei			Overhead		
ŀ	Mailing Address 2111 S El Camino Real Suite 202					
Ì	City	State	Zip Code			
	Oceanside	CA	92054			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4217		
	7000.00					
	Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period		
	0.00	7	0.00	7000.00		
ľ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):		
	Law Offices of David G. Eisenste	ein, P.C.		Overhead		
ŀ	Mailing Address 2111 S El Camino Real			-		
ŀ	Suite 202 City	State	Zip Code	_		
	Oceanside	CA	92054			
	Outstanding Balance Beginning This Period		Transaction ID : SD10.4333			
	6000.00					
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period		
	0.00		0.00	6000.00		
1)	SUPTOTALS This Period This Page (entional)			17500.00		
1)				4 4		
2)	TOTALS This Period (last page this line number o	nly)	<b>&gt;</b>	11717171		
3)	TOTAL OUTSTANDING LOANS from Schedule C					
4)	ADD 2) and 3) and carry forward to appropriate lin	7 7 7 7				

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 22
FOR LINE NUMBER: (check only one)

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OF

25

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Share of office overhead and rent Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside CA 92054 Transaction ID: SD10.4487 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside 92054 CA Outstanding Balance Beginning This Period Transaction ID: SD10.4446 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): overhead share Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside CA 92054 Outstanding Balance Beginning This Period Transaction ID: SD10.4497 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 23
FOR LINE NUMBER: (check only one)

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X	10		

OF

25

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): share of office overhead Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside CA 92054 Transaction ID: SD10.4554 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 1000.00 1) SUBTOTALS This Period This Page (optional)..... 62819.85 2) TOTALS This Period (last page this line number only)..... 53080.87 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 115900.72 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Monstah Pac				C C00529107
				G SOUZE ISI
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item C	Pate of Public Distribution/Dissemination
iHeart Media				10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9660 Granite Ridge Drive			Д	mount
Suite 100	04-4-	7:- 0-1-		0112.00
City	State	Zip Code 92123		9112.00 Transaction ID : SE.4546
San Diego	CA	92123		Parts of Disbursement or Obligation
Purpose of Expenditure radio ad		Category/ Type 004	4	10 07 7 2016
Name of Federal Candidate:		Support	Office S	ought: K House District: 49
Issa, Darrell, , ,		Oppose	Pi	resident Senate State: CA
Calendar Year-To-Date		11908.99	Disburse	ement For: Primary X General
Per Election for Office Sought	7 - 1 - 7 -		2010	Other (specify) ▶
Full Name of Payee  Jasper Productions		☐ Memo	Item C	ate of Public Distribution/Dissemination
				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22287 Mulholland Hwy.			Д	mount
#337		7: 0 1		150.00
City Calabasas	State	Zip Code 91302		150.00  Fransaction ID : SE.4562 Pate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
record radio ads		Type 004		10 17 2016
Name of Federal Candidate:		Support	Office S	ought:   House District: 49
Issa, Darrell, , ,		<b>x</b> Oppose	P	resident Senate State: CA
Calendar Year-To-Date		12308.99		ement For: Primary Seneral
Per Election for Office Sought	7 7	12308.99	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				9262.00
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		. •	
(a) TOTAL Independent Funerality as				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Eisenstein, David, , ,	Electronically Fil	ed] _	M = M	/ D D / Y Y Y Y Y Y Y 2016
Signature		_ Date	e 10	21 2016

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES PAGE 25 OF 25 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Monstah Pac C00529107 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Paramount Communication 10 01 2016 Mailing Address 525 K East Market Street Amount #114 State Zip Code 250.00 City ۷A 20176 Transaction ID: SE.4548 Leesburg Date of Disbursement or Obligation Purpose of Expenditure Category/ email platform 004 10 2016 Type Name of Federal Candidate: 49 Support Office Sought: **X** House District: Issa, Darrell, , , CA Oppose President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 12158.99 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Disbursement For: General Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ 250.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... 9512.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Eisenstein, David, , , [Electronically Filed] 10 21 2016 Date Signature